

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Office Use Only JUN 21 PM 3:58

1. NAME OF
COMMITTEE (in full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MARICIA R. THORNE FOR U.S. SENATE

ADDRESS (number and street)

☐ (Check if address
is changed)

15541 ARLINGTON RD #2

JACKSONVILLE FL 32211-1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address
is changed)

thorne.senate@gmail.com

Optional Second E-Mail Address

mtthorne12@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

2. DATE

06 21 2016

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARICIA THORNE

Signature of Treasurer

Marcia Thorne

Date

06 21 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201606240200209984

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

MARCIA R. THORNE

Candidate Party Affiliation

REP

Office Sought:

☐

House

☒

Senate

☐

President

State

FL

District

09

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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Write or Type Committee Name

Marcia R. Thorne for U.S. Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

☐ Connected Organization☐ Affiliated Committee☐ Joint Fundraising Representative☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DENNIS RYAN

Mailing Address

19455 103 Rd Street

JACKSONVILLE

FL

32210-

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

402-5411-4705

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

MARCIA THORNE

Mailing Address

5541 Arlington Rd #2

JACKSONVILLE

FL

32211-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

904-1463-1805

201606240200209985

Full Name of
Designated
Agent

Gregory Rachal

Mailing Address

11325 ACOSTA RD

JACKSONVILLE

CITY

FL

STATE

32223-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

904-962-9707

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO

Mailing Address

1840 UNIVERSITY BLVD N

JACKSONVILLE

CITY

FL

STATE

32211-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201606240200209987

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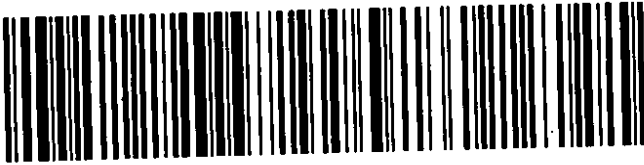
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FOR DOMESTIC AND INTERNATIONAL USE

FROM: Marcia Thorpe
5541 Arlington Rd. #22
Jacksonville, FL 32211
Office of Public Records
Office of the Secretary of the Senate
P.O. Box 77578
Washington, DC 20013-7578

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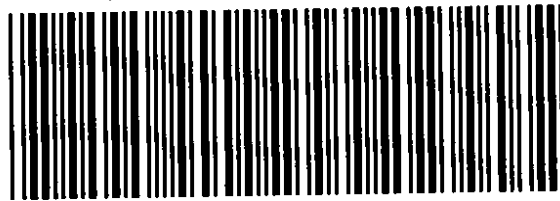
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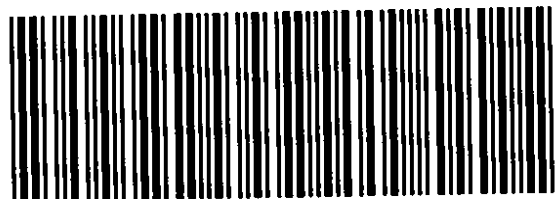
PREPARER MN DATE PREPARED 6/24/16

4/04/16

201606240200209989



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